PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
01 DEC 26 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031899

1. Corporation Name

ARGUSA HOLDING CORP.

REINSTATEMENT 1996-2001

2. Principal Office Address	**3.** Mailing Office Address
720 ROY WALL BLVD	
Suite, Apt. #, etc. #	Suite, Apt. #, etc.
City & State ROCKLEDGE / FL.	City & State
Zip 32955 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida 4/27/94

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

900004749749--1
-01/04/02--01008--003
******8.75 ******8.75

Name: BOAZ BAR-NAVON

Street Address (P.O. Box Number is Not Acceptable): 1305 GEM CIRCLE

900004749749--1
-01/04/02--01009--002
***1500.00 ***1500.00

Suite, Apt. #, Etc.

City: ROCKLEDGE State: FL Zip Code: 32955

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 12/21/01
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	ELIAS F. BOUCO	720 ROY WALL BLVD, Rockledge FL	32955
DVT	CARLOS I BOUCO	720 Roy Wall Blvd.	Rockledge FL 32955
DV	ANNA P. BOUCO	720 Roy Wall Blvd	Rockledge FL 32955
DS	MARIA D. BOUCO	720 Roy Wall Blvd.	Rockledge FL 32955
V	BOAZ BAR-NAVON	720 Roy Wall Blvd	Rockledge FL 32955

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 12/21/01 321-403-3991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE : 519823 85185A

AUTHORIZATION :

COST LIMIT : $ PREPAID

ORDER DATE : December 24, 2001

ORDER TIME : 12:34 PM

ORDER NO. : 519823-005

CUSTOMER NO: 85185A

CUSTOMER: Mr. Boaz Bar-navon
Transworld Realty & Management
720 Roy Wall Boulevard

Rockledge, FL 32955

DOMESTIC FILINGS

RECEIVED
01 DEC 26 AM 8:34
DIVISION OF CORPORATION

NAME: ARGUSA HOLDING CORP.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____